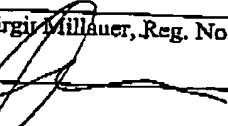


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CHANGE OF CORRESPONDENCE ADDRESS		Application Number	10/551,004
<i>Application</i>		Filing Date	September 26, 2005
		First Named Inventor	Henning Walczak
		Art Unit	Unassigned
		Examiner Name	Unassigned
		Attorney Docket Number	045278-002000
<p>Please change the Correspondence Address for the above-identified application to:</p> <p><input checked="" type="checkbox"/> Customer Number 22204 → <i>Type Customer Number here</i></p> <p>OR</p> <p><input type="checkbox"/> Firm or Individual Name _____</p> <p>Address _____</p> <p>Address _____</p> <p>City _____ State _____ ZIP _____</p> <p>Country _____</p> <p>Telephone _____ Fax _____</p>			
<p>This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).</p> <p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor</p> <p><input type="checkbox"/> Assignee of record of the entire interest. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> Attorney or agent of record.</p> <p><input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____</p>			
Type or Printed Name	Signature		
Signature			
Date	January 4, 2007		
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p>X *Total of 1 form is submitted.</p>			

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